Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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Account Name : SHAPIRO & ADAMS, P.A.

Account Number : 119990000101 Phone : (561)691-0059

Fax Number : (561)691-0066

ALLAHASSEE, ELORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:	larakelleymd@gmail.com		

FLORIDA PROFIT/NON PROFIT CORPORATION Lara Kelley, MD, P.A.

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ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I

The name of the corporation shall be: Lare Kelley, MD, P.A.

PRINCIPAL OFFICE ARTICLE II

The principal street address and mailing address, if different is: 4477 Medical Center Way, West Palm Beach, Florida 33407

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Medical practice

ARTICLE IV SHARES

The number of shares of stock is:

INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Lara Kelley - P/D

4477 Medical Center Way

West Palm Beach, Plorida 33407

REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Lara Kelley

4477 Medical Center Way

West Palm Beach, Florida 33407

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Robert Lee Shapiro, P.A.

2401 PGA Boulevard, Suite 272

Palm Beach Gardens, Florida 33410

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am fundliar with and accept the appointment as registered agent and

agree to act in this capacity

Signature/Replaced Agent

Robert Lee Shapiro, P.A. By:

Robert Lee Signature/Incorporator

Shapiro, President

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